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| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10/692,481          |
|  | Filing Date            | OCTOBER 23, 2003    |
|  | First Named Inventor   | PHILIP BERARDI      |
|  | Art Unit               | 3632                |
|  | Examiner Name          | SZUMNY, JONATHON A. |
|  | Attorney Docket Number | 418-27-002          |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 23935

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 23935

**OR**

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

|           |                |           |              |
|-----------|----------------|-----------|--------------|
| Signature |                |           |              |
| Name      | PHILIP BERARDI |           |              |
| Date      | 8/12/05        | Telephone | 805-492-1024 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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08-19-05

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**TRANSMITTAL  
FORM**

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2

Application Number

10/692,481

Filing Date

OCTOBER 23, 2003

First Named Inventor

PHILIP BERARDI

Art Unit

3632

Examiner Name

SZUMNY, JONATHON A.


Attorney Docket Number

418-27-002

**ENCLOSURES (Check all that apply)**

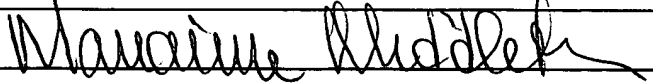
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| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
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| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="text"/> Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | KOPPEL, JACOBS, PATRICK & HEYBL   |          |        |
| Signature    |  |          |        |
| Printed name | JAY G. HEYBL  |          |        |
| Date         | 8/17/05   | Reg. No. | 42,661 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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| Signature             |  |      |         |
| Typed or printed name | MARIANNE MIDDLETON   | Date | 8/17/05 |

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